



Building bridges to prevent incarceration

Juvenile Justice Workgroup Meeting #3

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Agenda Overview

Welcome & Introductions

Overview of the Findings and Recommendations

Juvenile Justice Toolkit Proposal

Juvenile Justice Workgroup Priorities for 2021 (Discussion)

Next Steps

Purpose & Objective of the Workgroup

- ***CCJBH Mission***

Identify
Highlight
Promote

- ***Outcomes and Products***

Factsheet
Legislative Report

- ***Recommendations***

Governor & Administration
California State Legislature

- ***Goal***

*To improve outcomes for children
and youth impacted by the
Juvenile Justice System*



Findings and Recommendations

Overview

To improve outcomes for children and youth impacted by the Juvenile Justice System

- Current 28,000 youth under county probation supervision
- Youth population as of July 1, 2021



Findings and Recommendations

Summary of Feedback

Panelists: *Defined the juvenile justice system on the Local vs the State level and provided recommendations of how to improve outcomes for youth in the juvenile justice system.*

Participants: *Shared ways to improve the juvenile justice system to achieve better outcomes. Input ranged from training on mental health and disabilities, helping youth and families to restore youth, need for residential treatment options, resources and positive youth programs.*



Findings and Recommendations

Findings:

1. As of July 1, 2021, County probation departments will be responsible for a population of youth who would have been remanded to DJJ and their existing youth population. Chief Probation Officers have expressed concern with not being financially or structurally prepared for this change. Realigning youth with greater and serious needs to local county detention centers will require planning, funding and policy development.
2. Research estimates that youth entering the justice system each year have experienced some degree of trauma, yet the details of their trauma histories, mental health issues or risk factors are not always known. Unmet behavioral health needs can be a leading cause of justice involvement and recidivism.

Findings and Recommendations

Findings:

3. Youth of color, Crossover youth, LGBTQ youth and youth with behavioral health needs are disproportionately impacted by the juvenile justice system at all points than youth in the general population.
4. Youth who are justice involved display higher rates of mental health needs than youth in general population. Approximately 65 to 70 percent of these youth have at least one mental health disorder. There is no current requirement for probation departments to conduct mental health screenings for youth entering the juvenile justices system. However, county probation departments do conduct risk and needs assessments, although it is not required.

Findings and Recommendations

Findings:

5. There is a high prevalence of youth with behavioral health needs each year who enter the juvenile justice system. Without effective treatment, high risk youth remain on a path towards chronic delinquency that puts them at great risk of adult criminality. The courts recognize that youth that have been arrested and come before them are in need of treatment. Screening, assessment and case plan development are vital to addressing behavioral health treatment needs of youth in the juvenile justice system. In accordance with screening and assessment, adequate residential treatment capacity and community based treatment programs are critical parts of the continuum of care that should be provided for youth.
6. Youth, Parent and/ or Peer Partners who provide peer support are a valuable component of effective service delivery and provide mentorship, support that can help youth and families connect to needed services in ways that other service-providers cannot.



Findings and Recommendations

Findings:

7. The Ferrell vs Allen lawsuit required DJJ implement a “rehabilitative model” of care, which included the implementation of the IBTM, and establishing/expanding treatment that includes physical and behavioral health services. DJJ made significant investments in developing the IBTM and new policies/practices (screening, assessment, etc.), which led to lessons learned and the establishment of best practices.



Findings and Recommendations

Recommendations:

1. Given the extensive needs of the youth currently served by the county probation, and the youth population with greater and serious needs that will be realigned to county probation as of July 1, 2021, local probation agencies, and the youth/families they serve, would benefit from (as appropriate):
 - a. engaging system partners in strategic planning to improve the existing local juvenile justice system and expand to address the unique needs of the transitioning DJJ population. **This includes:**
 - local agency partners, such as physical and behavioral health, child welfare, community providers, courts, probation, education, regional centers, as well as youth, family members, peers, and other youth advocates.
 - the State DJJ. *Note: if not currently underway, processes should be established to transfer the records of transitioning DJJ youth to local agencies, including probation, health care (Medi-Cal Managed Care Plans), behavioral health, child welfare and appropriate education agencies.*



Findings and Recommendations

Recommendations (Cont'd):

- b. ensuring that all youth who are involved in the probation system are screened and assessed for behavioral (e.g., anger management), physical health, behavioral health (mental health and substance use disorders), trauma (e.g., screening for Adverse Childhood Experiences), as well as criminogenic risk and needs.
- c. ensuring that comprehensive, individualized treatment plans are developed to address *behavioral, physical health, behavioral health and criminogenic needs*, and that all relevant agencies collaborate with the youth and their families, as appropriate, on the identification of treatment goals, and coordinate on the provision of treatment, as mandated by the Child and Family Team model of care. Criminogenic needs should be addressed using the Risk-Needs-Responsivity (RNR) model.
- d. ensure capacity at all levels of care, including residential treatment options for children/youth requiring intensive treatment.
- e. implementing evidence-based practices and programs, as available, and ensure that all care provided is trauma-informed.



Findings and Recommendations

Recommendations (Cont'd):

- f. seeking to identify and develop strategies to address disparities, with a focus on racial justice and race-based trauma.
- g. selecting a manageable number of initial, core system-level process and outcome metrics to establish a baseline and track progress in key domains over time. Additional metrics may be added once the core metrics are well-established.
- h. leveraging model practices established by DJJ, particularly for youth that would have been remanded to DJJ that will realign to county probation departments.
- i. partnering with existing DJJ treatment providers that have established success with treating the juvenile justice population, particularly for youth who have committed serious and/or violent offenses.



Findings and Recommendations

Recommendations:

To assist with these efforts, CCJBH shall:

2. seek opportunities and resources to support county justice, behavioral health, education and regional center partners in the identification and implementation of strategies for best serving youth with greater behavioral health needs being realigned to county probation departments.
3. establish a partnership with the Office of Youth Community Restoration (OYCR), and serve as a resource and liaison between County Behavioral Health Directors, local probation departments and youth & family networks.



Findings and Recommendations

Recommendations:

4. work with State and local partners (e.g., Chief Probation Officers of California, County Behavioral Health Directors Association of California, the Department of Health Care Services, and the California Health and Human Services Agency's Office of Youth and Community Restoration) to develop a strategy to ensure that all youth who are involved in the juvenile justice system are screened for trauma by their health care provider (Managed Care Plan or Fee-for-Service provider), and that the results of their trauma screening are addressed in their behavioral health treatment plan.
5. better understand high-end service capacity alternatives for youth and conduct, in partnership with key stakeholders and providers, an assessment of residential treatment capacity for juveniles as an alternative to juvenile hall.



Findings and Recommendations

Comments

Juvenile Justice Toolkit Proposal

Purpose of the Toolkit:

To provide a compilation of information related to best practices and evidence-based programs that have been shown to be effective in serving youth involved in the criminal justice system who have serious behavioral health needs.

The toolkit will support counties in:

- ✓ Identifying and understanding the heterogeneous composition and needs of their juvenile justice-involved youth population.
- ✓ Knowing and understanding the juvenile justice system agency partners, their roles and responsibilities and potential funding opportunities available through each agency.
- ✓ Strengthening and sustaining cross-system partnerships to promote shared decision-making by those most cognizant and well-informed of the unique needs of this population.
- ✓ Screening and assessing youth behavioral, behavioral health (including trauma) and criminogenic needs.
- ✓ Identifying best practices and evidence-based practices to improve process and treatment outcomes.

Who will it serve:

The compendium/toolkit will serve as a key resource for county probation/child welfare and behavioral health departments



Juvenile Justice Workgroup Priorities for 2021

(Discussion)



Next Steps

Next Steps



Announcements

CCJBH is Developing the 2021 Calendar:

- Council Meeting Dates
- Juvenile Justice Workgroup Meeting Dates



Public Comment



Juvenile Justice Workgroup

Thank you for Participating!

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